



B1 (2)
1625

Patent Application
Attorney Docket No. PC18016

hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 22nd day of August 2005.

By _____

(Signature of person mailing)

Andrea E. Dorigo

Reg. No. 47,532

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Bryans et al.

Examiner: Killos, P.

APPLICATION NO.: 09/889,465

Group Art Unit: 1625

FILING DATE: 7/17/2001

BRANCHED CHAIN AMINO ACID-DEPENDENT
AMINOTRANSFERASE INHIBITORS AND THEIR USE IN
THE TREATMENT OF DIABETIC RETINOPATHY

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. §1.136(a)

Pursuant to the provisions of 37 C.F.R. §1.136(a), it is requested that the term for response to the Official Action in this application, mailed on April 27, 2005, and having an original period for response of one month, which expired on May 27, 2005, be extended by three months, such that it expires on August 27, 2005.

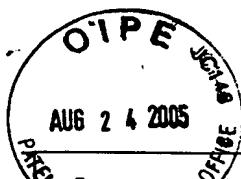
Authorization is hereby provided to charge the amount stated under 37 C.F.R. §1.17, as well as any additional fees required, or to credit any overpayment to Deposit Account No. 16-1445. Two copies of this paper are enclosed.

Respectfully submitted,

Date: August 22, 2005

Andrea E. Dorigo
Attorney for Applicants
Reg. No. 47,532

Pfizer Inc
Patent Department, 5th Floor
150 East 42nd Street
New York, NY 10017-5755
(212) 733-1898



AUG 24 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEES TRANSMITTAL for FY 2005

Applicant claims small status. See 37 CFR 1.27

Art Unit

1625

Total Amount of Payment

(\$)

Attorney Docket No.

PC18016

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account: Deposit Account number 16-1445 Deposit Account Name Pfizer Inc

For the above identified deposit account, the Director is authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.1.6 and 1.17

Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING FEE

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
- 20 or HP=	x	=		50	25
				200	100
				360	180

HP= highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP=	x	=	

HP= highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

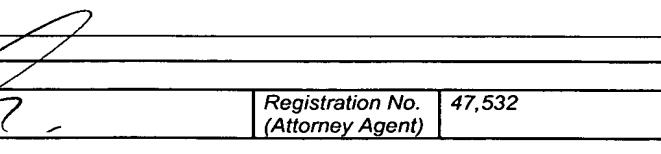
Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fees Paid (\$)
- 100=	/50	(round up to a whole number)	x	=	

4. OTHER FEE(S)

Non-English Specification

Other : _____

Submitted

Name (Printed/Type)	Andrea E. Dorigo	Registration No. (Attorney Agent)	47,532	Telephone	212-733-1898
Signature					

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and /or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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